

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF HEALTH

OFFICE OF OCCUPATIONAL & RADIOLOGICAL HEALTH

APPLICATION FOR LICENSURE AS A RADON MITIGATION WORKER

1. TYPE OF APPLICATION: ____ INITIAL ____ RENEWAL

If Renewal, current license number: **RMW-**_____

2. APPLICANT:

Name : _____

Street: _____

City/Town: _____ State: _____ Zip: _____

Telephone No: _____

Mailing Address if Different: _____

3. RADON MITIGATION CONTRACTOR AFFILIATION:

Indicate the name(s) and address(s) of the licensed radon mitigation contractor(s) which you will be performing radon mitigation services. The Agency must be notified of any changes. If performing services for more than one licensed mitigation contractor, attach their names and addresses.

Name of Firm: _____

Street: _____ Telephone No. _____

City/Town: _____ State: _____ Zip: _____

4. DOCUMENTATION OF REQUIRED TRAINING:

Attach a copy of certificate(s) indicating successful completion of all training required by the Rules and Regulations for Radon Control. Renewal applications should only include copies of certificates for training courses not already on file with the Agency.

5. LICENSURE/AUTHORIZATION IN OTHER JURISDICTIONS:

Indicate all other federal, state or local jurisdictions in which the applicant currently holds a radon mitigation worker license or other authorization to perform radon mitigation. Attach copies of all such licenses and/or authorizations.

6. ENFORCEMENT ACTIONS IN OTHER JURISDICTIONS:

Are there any outstanding or past enforcement actions by a federal, state or local jurisdictions in conduction with a radon project performed by the applicant? () Yes () No

If Yes, provide details.

7. AFFIRMATION BY APPLICANT (This item must be completed by applicant)

I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true and to the best of my knowledge.

Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.

Signature

Date:

Social Security Number (SSN)

Furnishing the SSN and/or FEIN is mandatory. The SSN and/or FEIN will be transmitted to the Rhode Island Division of taxation pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended.

Complete application, attachments, a twenty dollar (\$20) fee* payable to GENERAL TREASURER, STATE OF RHODE ISLAND, and (if applying by mail) two (2) full-face color photographs (not larger than one and one-quarter (1.25) inches high by one (1) inch wide) should be submitted to:

**Rhode Island Department of Health
Office of Occupational and Radiological Health
3 Capitol Hill, Room 206
Providence, Rhode Island 02908-5097**

***fee must be paid by check or money order.**

AGENCY USE ONLY
